

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/527560**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		1		1		
7		2		1		
8		2		1		
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17		1		1		
18		2		1		
19		2		1		
20	1		1			
21		1		1		
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50						
TOTAL IND.	2	↓	4	↓		↓
TOTAL DEP.	34	↖	59	↖		↖
TOTAL CLAIMS	36	⊞	63	⊞		⊞

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↖		↖		↖
TOTAL CLAIMS		⊞		⊞		⊞